APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY
I hereby an amed inventor of the invention identified herein, that my residence, post office address
and citizenship are as stated below next to my name; that I verify and believe that I am the original, first and sole inventor
(if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the below
matter which is claimed and for which a patent is sought on the invention entitled:
TITLE: APPARATUS AND METHOD FOR NON-DESTRUCTIVE INSPECTION OF LARGE OBJECTS
which is described and claimed in the specification: a attached hereto; b. X filed 09/13/200 Ges U.S.
Patent Appln. Serial No and amended on; c. X identified by the Assignee as reference
number 1055 and assigned by my attorney ATTORNEY DOCKET NUMBER APTI:062.
I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, and hereby acknowledge the duty to disclose information of which I am aware which is material to this application for patent on the invention described in the above-identified specification in accordance with 37 C.F.R. §1.56.
I hereby claim priority benefits under 35 U.S.C. §119 based on the following foreign applications(s) filed within one year prior to this application:
PRIORITY: None
The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the UnitedStates of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) (INSERT "NONE" IF NO CORRESPONDING CASES): NONE
I hereby appoint Marc A. Rossi (Reg. No. 31,923) as my attorney of record with full power of substitution and revocation to prosecute this application, to transact all business in the Patent Office, and to insert on this document the Attorney Docket Number assigned to this application. I further direct that all correspondence in connection with this application be sent to my attorney at the address provided below:
ROSSI & ASSOCIATES
P.O. BOX 826
A CANDIANA (A 2014/ 2024

ASHBURN, VA 20146-0826 (703) 234-7814

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are рu the

punishable by fine or in	nprisonment or both, under 18 U.S.C. §1001 and that such willful false statements may cation or any patent issued thereon.		ze
(1) Inventor's Name:	ROBERT A. JACOBSEN  Given Name Middle Initial Family Name		
Residence:	8629 POLK ST (MCLEAN) VA 22102	<del></del>	<del></del>
Mailing Address: _	City State/Province Country  8629 POLK ST MCLEAN VA 22102  Street/P.O. Box	9	
-	Street/P.O. Box	Õ	
-	City State/Province Zip Country	70	
Citizenship: _	USA	<u> </u>	2002
Signature:/	1/2 / 2/25/03		'
G	ADDITIONAL INVENTORS PROVIDED ON ATTACHED PAGES YES X NO		

. (	M 12 ME	
) Inventor's Name:	DAVID B. CHESTER  Given Name Middle Initial Family Name	
Residence:	DAVIDSONVICLE MD 21035	
Mailing Address:	City State/Province Country	
, maning . real ease.	Street/P.O. Box  DAYIOSONYILLE MD 21035	
	City State/Province Zip Country	2
Citizenship:	OSA MOLOGY (	7
Signature:	City State/Province Zip Country  USA  Date: 16 NOV 01  ADDITIONAL INVENTORS PROVIDED ON ATTACHED PAGES YES_X_NO	PECENTU
	ADDITIONAL INVENTORS PROVIDED ON ATTACHED PAGES YES X NO	

COPY OF PAPERS ORIGINALLY FILED

RECEIVED
AUG 0 6 2002
GROUP 3600